

HISPC I, II, III Overview

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Executive Director KU Center for Healthcare Informatics
On behalf of the
HISPC Steering Committee



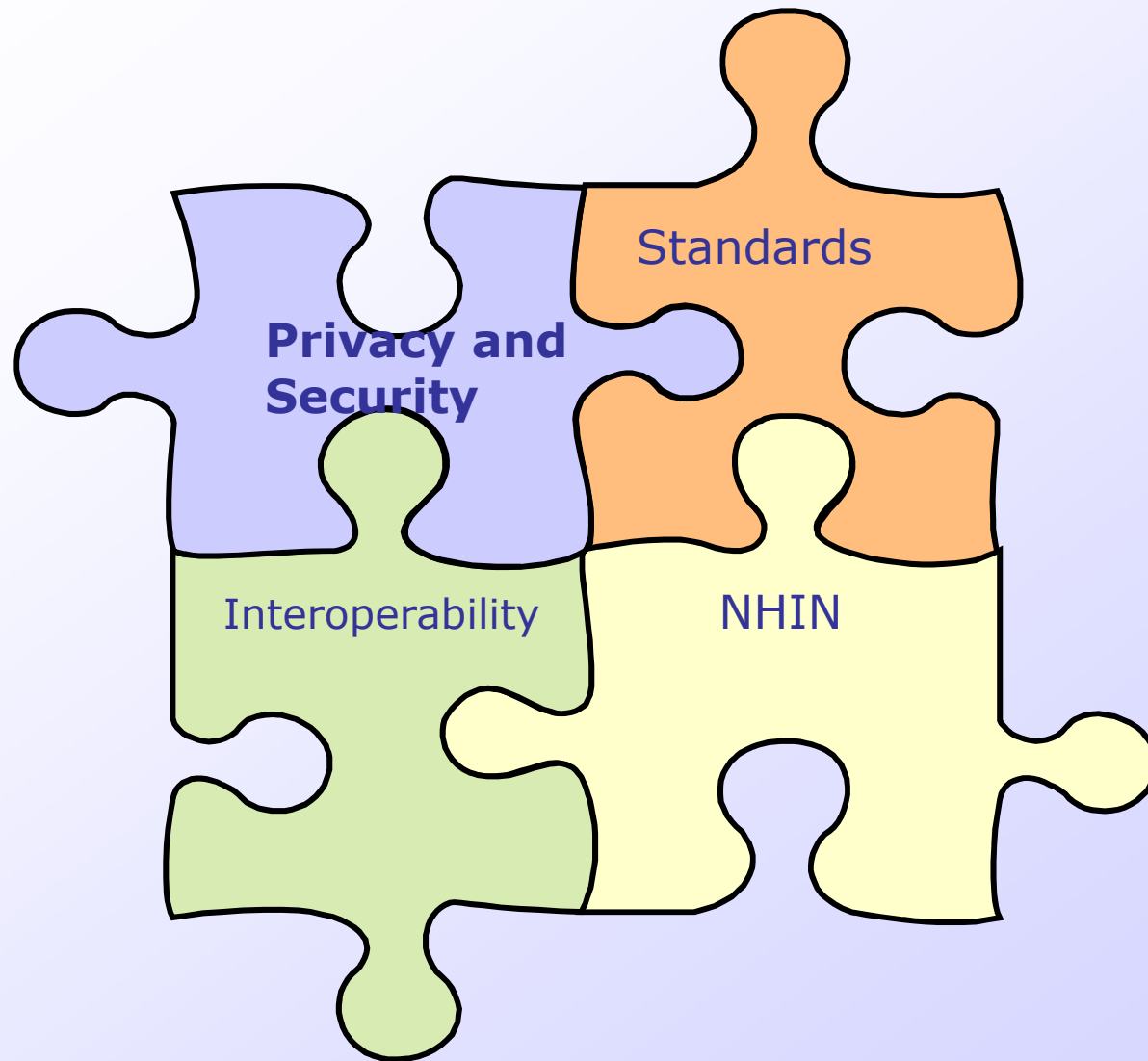
Kansas HISPC Steering Committee:

- Karen Braman – Director of Pharmacy Services, Pharmacy Service Preferred Health Systems
- Rod Bremby – Secretary, Kansas Department of Health and Environment
- William L. Bruning – President and CEO, Mid-America Coalition on Health Care
- Helen Connors, RN, PhD, Dr PS (Hon), FAAN - University of Kansas Medical Center , Executive Director for the Center for Health Informatics; HISPC Steering Committee Chair
- Cathy Davis - Kansas City Quality Improvement Consortium
- Jeff Ellis - Partner, Lathrop and Gage, L.C.
- Jennifer Findley – Director of Education, Kansas Hospital Association
- Karla Finnell - Executive Director, Kansas Association for the Medically Underserved
- Mike Hammond – Executive Director, Association of CMHCs of Kansas, Inc.
- Melissa Hungerford –Executive Vice President, Kansas Hospital Association
- Tom Johnson - Blue Cross Blue Shield of Kansas
- Barbara Langner – Policy Director, Kansas Health Policy Authority
- Larrie Ann Lower – Executive Director, Kansas Association of Health Plans
- Gina Maree – Director of Health Care Finance and Organization
- Susan McClacherty – Systems Analyst, Kansas Health Policy Authority
- Marci Nielsen – Executive Director, Kansas Health Policy Authority
- Julie Roth – Partner, Lathrop and Gage, L.C.
- Linda Sheppard – Director, Accident & Health Division, Kansas Insurance Department
- Jerry Slaughter – Executive Director, Kansas Medical Society
- Ryan Spaulding – Director of Telemedicine and Telehealth, University of Kansas Medical Center
- Bob St. Peter – President and CEO, Kansas Health Institute
- Christina Stephan – Senior Researcher, Kansas Health Institute
- Victoria Wangia – Coordinator of Public Health Informatics, Research Assistant Professor, University of Kansas Medical Center - Center for Healthcare Informatics
- Judith Warren – Director of Nursing Informatics, University of Kansas Medical Center – Center for Healthcare Informatics

AGENDA

- HISPC I – June 2006- May 2007
- HISPC II – June 2007 – December 2007
- HISPC hic-cup – Jan 2008 – March 2008
- HISPC III – April 2008 – March 2009
- HISPC IV – April 2009 – June/July

Governance



HISPC I Project Overview and Scope

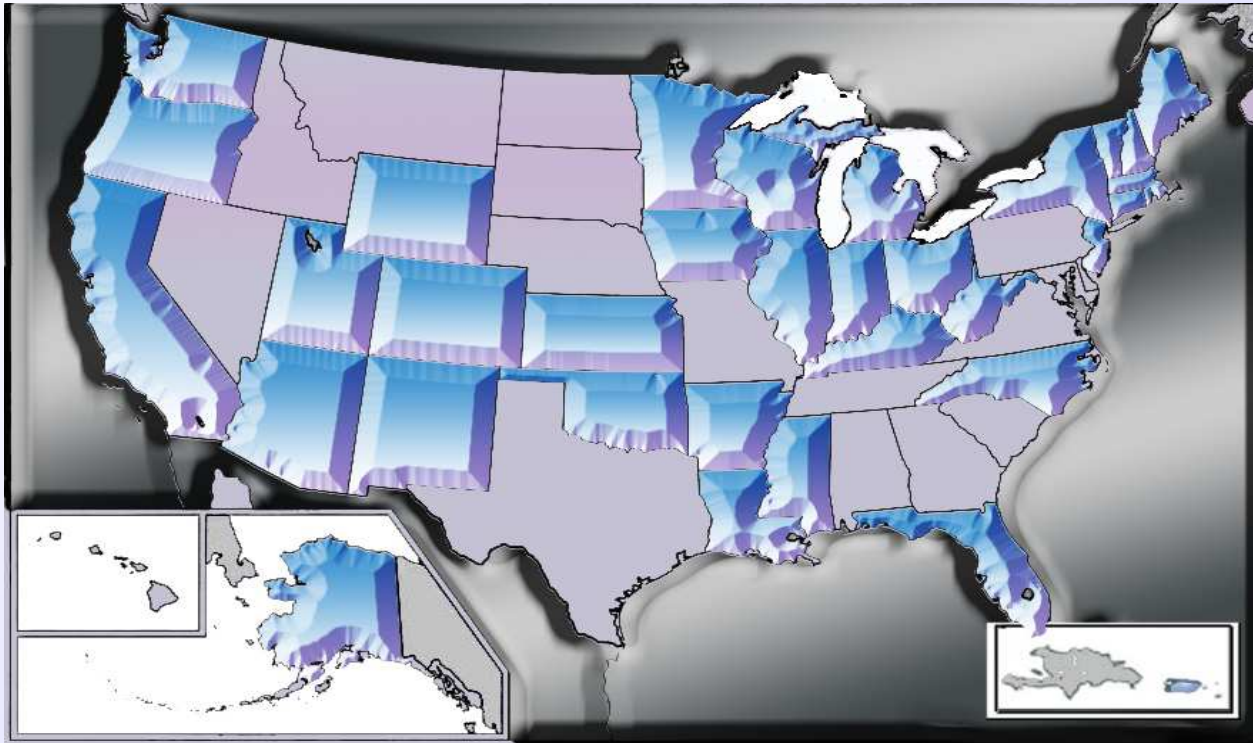
- Funded by AHRQ
- Overall contract managed by RTI Intl. and NGA
- 11-month period; \$17.23 million (Kansas contract for \$305,000 + in-kind)
- RTI team to implement a process in each of 34 states and US territories to:
 - Identify business practices and legal barriers that impact electronic health information exchange
 - Propose solutions and develop implementation plans
 - Collaborate through regional and national meetings to develop solutions with broader application
- Provide final report on overall project outcomes and recommendations

State Subcontract Team Organization

- Each state team is led by a subcontracting entity that was designated by the Governor
 - Kansas Health Institute on behalf of the H4C
- Steering Committee – a Public-Private partnership of state and organizational leaders
 - Chaired by Helen Connors, KUMC
- Working groups comprised of broad range of stakeholders from across each state with appropriate expertise
 - Variations Work Group – Bill Bruning, MACHC
 - Legal Work Group – Jeff Ellis, Lathrop & Gage
 - Solutions Work Group – Bob St. Peter, KHI
 - Implementation Work Group – Judith Warren, KUMC

33 States and Puerto Rico

- and of course...the 33 states and Puerto Rico that form the privacy and security collaboration!



Basic Assumptions Underlying the P & S Project

- It is valuable to identify best practices and solutions that have the potential to accelerate nationwide electronic health information exchange, particularly on privacy and security questions, for consideration and adoption by communities and states
- Healthcare is local and the solutions to improving healthcare should accommodate community variation
- Stakeholders at the state and community levels, including patients and consumers, must be involved in developing solutions to achieve acceptance

Project Purposes

- Identify variation in organization-level business privacy and security policies and practices and state laws that affects electronic health information exchange (HIE)
 - For those that are “best practices”, document and incorporate into proposed solutions
 - For those that are ‘barriers’ to HIE, identify the policy or legal driver or other underlying rationale for the practice and work toward identifying consensus-based solutions
 - Develop a plan to implement the solutions

Project Outcomes

- Stakeholders, including state entities, will have a full understanding of variations in business privacy and security policies and practices in their states and communities
- States, through the use of stakeholder groups, will design practical solutions and implementation plans for preserving privacy and security protections while implementing electronic health information systems
- Through this project, long-lasting collaborative networks will be established for states and communities to support future work

Final Product

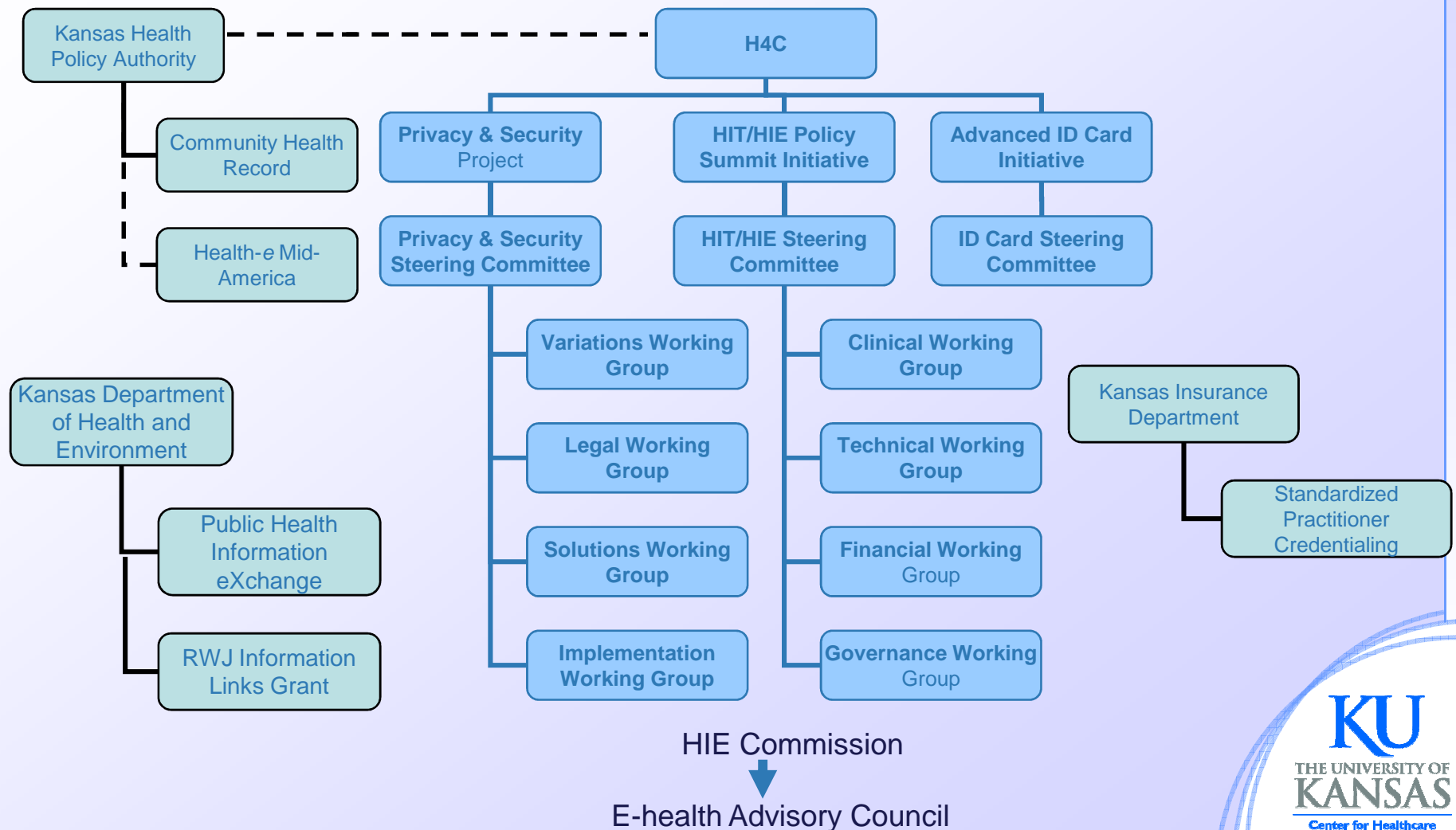
KS Specific Implementation Plan

- Establish a statewide coordinating entity to facilitate HIE and continue to work with HISPC team.
- Coordinate the interpretation of state and federal laws pertaining to the exchange of health information in KS
- Identify healthcare informatics standards and best practices to improve the exchange of health information and monitor the evolution of national platforms.

Plan continued

- Develop model policies, procedures and guidelines for HIE.
- Educate healthcare entities and the public about the benefits and processes of HIE
- Promote implementation of HIE.

Kansas HIE Initiatives Overview



HISPC II

- State Implementation priorities
- Collaboration across states
- 45 states and 2 territories
- Preparation for additional funding (HISPC III)
- Work in intra state collaboratives
 - **Consumer Education** – Colorado, Georgia, Kansas, Mass., New York, Oregon, Washington, West Virginia
 - **Harmonizing laws** - Florida, Kansas, Kentucky, Missouri, New Mexico, Texas

Outcomes

- Completed, for the consideration of the Governor and other policy makers, a detailed plan to create an umbrella organization for operationalizing privacy and security strategies.
 - The first implementation project for the new organization will be the development of an educational toolkit.

Outcomes

- Developed a tool kit (e.g. curriculum outlines, teaching strategies, outreach plans, etc.) for educating stakeholders regarding the electronic exchange of health information.
 - Establish a curriculum development team
 - Established target population (rural consumers)
 - Produces a content outline
 - Began a glossary of terms

Outcomes

- Completed the first phase of a long-term review of Kansas statutes and administrative regulations relevant to health information privacy and security.
 - Convened core group of health law experts
 - Developed a Comparative Analysis Matrix (CAM) and assessment tool
 - Propose a Draft Resolution directed at modernizing state laws

HISPC III

- Harmonizing Laws
 - Complete gap analysis and draft plan for statutory change.
 - Harmonize state privacy and security laws with HIPAA regulations.
 - Collaborate with six other states to develop tool kit and roadmap for other states.
- Consumer education and engagement
 - Raise rural consumer awareness.
 - Collaborate with seven other states to develop a tool kit.

Harmonizing Law Collaborative

- Collaborative – Activities for this phase primarily focused on collaborative efforts with individual states gaining from tools created by the collaborative.
- Toolkit
 - Taxonomy
 - Ranking methodology
 - Roadmap to guide states through process
 - State of the State report

Harmonizing Laws

State Specific

- Kansas has been ahead of other states and has slowed progress to align with collaborative
- “Matrix” of laws and regulations will be populated based on limited analysis as a beta test of the tool
- Education and outreach to state government is part of this phase

Harmonizing Laws

Options for Future Efforts

- Introduction of Concurrent Resolution this session
- In depth analysis and ranking of state laws and regulations to fully populate the matrix
- Use matrix to understand the interconnectivity of the laws and regulation and to position the state for HIE
- Identify areas in law and regulation that require legislative or regulatory change

1	Combined Comparative Analysis Matrix (CAM)				
2			More Stringent than HIPAA for		
3	Subject Matter	Citation/ Link	Patient Care?	Population Health?	References to Related State/ Federal Law & Legislative Proposals
118		NM: health care information NMSA 1978 § 24-7B-10	N	N	
119	Age Consent requirements - other conditions	FL: FS 743.06 Blood Donation, FS 743.065 Care of minor child	N	N	
120		TX: Fam Code 32.002-004	Y		
121		KY: KRS 214.185; KRS 222.441	N	N	
122		KS: 38-122			
123		MI: Public Health Code (MCL 333.17015: Informed consent for abortion) Marriage License (MCL 551.103: Persons capable of contracting marriage; age requirement; etc.)			
124		MO: 431.061			
125	Patient Proxies				
126	Personal Representatives/Executors	FL: FS 731.201(27)	N	N	
127		TX: Various Probate and HR Code sections	Y		
128		KY: KRS 395 passim	N	N	
129		KS: 58-654			
130		MI: Medical Records Access Act (MCL 333.26263: Definitions)			
131		MO: 473.110, 473.113, 473.117			
132	Guardians	FL: FS Ch. 744	N	N	
133		TX: Various sections of Human Resources Code	Y		
134		KY: KRS 387.590 (10)	N	N	
135		KS: 59-3075			
136		MI: Medical Records Access Act (MCL 333.26263: Definitions)			
137		MO: 475.075, 475.082, 475.120, 630.140, 632.175			
138	Health Care Power of Attorney	FL: FS Ch. 765	N	N	
139		TX: H&S Code 166	Y		
140		KY: KRS 311.629	N	N	
141		KS: 58-625			
142		MO: 404.840			
143		MI: Estates and Protected Individuals Code (MCL 700.5501: Durable Power of Attorney; definition)			
144		NM: NM Uniform Health Care Decisions Act NMSA 1978 § 24-7A-1 et seq.	N	N	
145	Health Care Power of Attorney - mental health	FL: FS 765.202(5)	N	N	
146		TX: H&S Code 166	Y		

Sample Screen Shot of Assessment Tool

HSPLC CAM and Assessment Tool							
	Facilitates HIE Development (Based on the state's current HIE development, how significant is this?)	Ease of Reaching Consensus Among Stakeholders (e.g., cultural/ regional attitudes, economic impact, non-state after-effects)	Positive Impact on Patient-Focused Health Care	Positive Impact on Population Health	Effect on Consumer Privacy Protection (maintains appropriate consumer privacy protection)	TOTAL Optional	Comments
	1=Little Effect 3=Neutral Effect 5=Significant Effect	1=Difficult to change 3=Neutral 5=Easy to change	1=Little Effect 3=Neutral 5=Significant Effect	1=Little Effect 3=Neutral 5=Significant Effect	1=Reduces 3=Neutral 5=Enhances		
Subject Matter							
Age Consent requirements - other conditions							
Patient Proxies							
Personal Representatives/ Executors							
Guardians							

Next Steps

- Continue to seek funding to support modernizing state laws
- Establish and schedule study sessions for ongoing legal analysis
- Continue to analyze state law and regulations through the CAM and Assessment Tool
- Convene stakeholders to review statutes, policy and regulations and develop consensus-based recommendations related for changes
- Work with the e-Health Advisory Council and the Legal Work Group to develop a plan for communicating recommended legislative changes to policymakers

Consumer Education and Engagement: KS Contribution

- Collaborative
 - Glossary of HIT/HIE terms
 - Inventory matrix of teaching materials
- State Specific
 - Kansas Rural Consumers Health Information Technology (HIT) Needs and Preference Summary Report
 - Communication Plan
 - Evaluation Plan
 - Online tool kit

Identify existing education and engagement materials and gaps:

Microsoft Excel - Kansas_InventoryUsageFeedback.xls

File Edit View Insert Format Tools Data Window Help

Type a question for help

C3 Targeted Audience

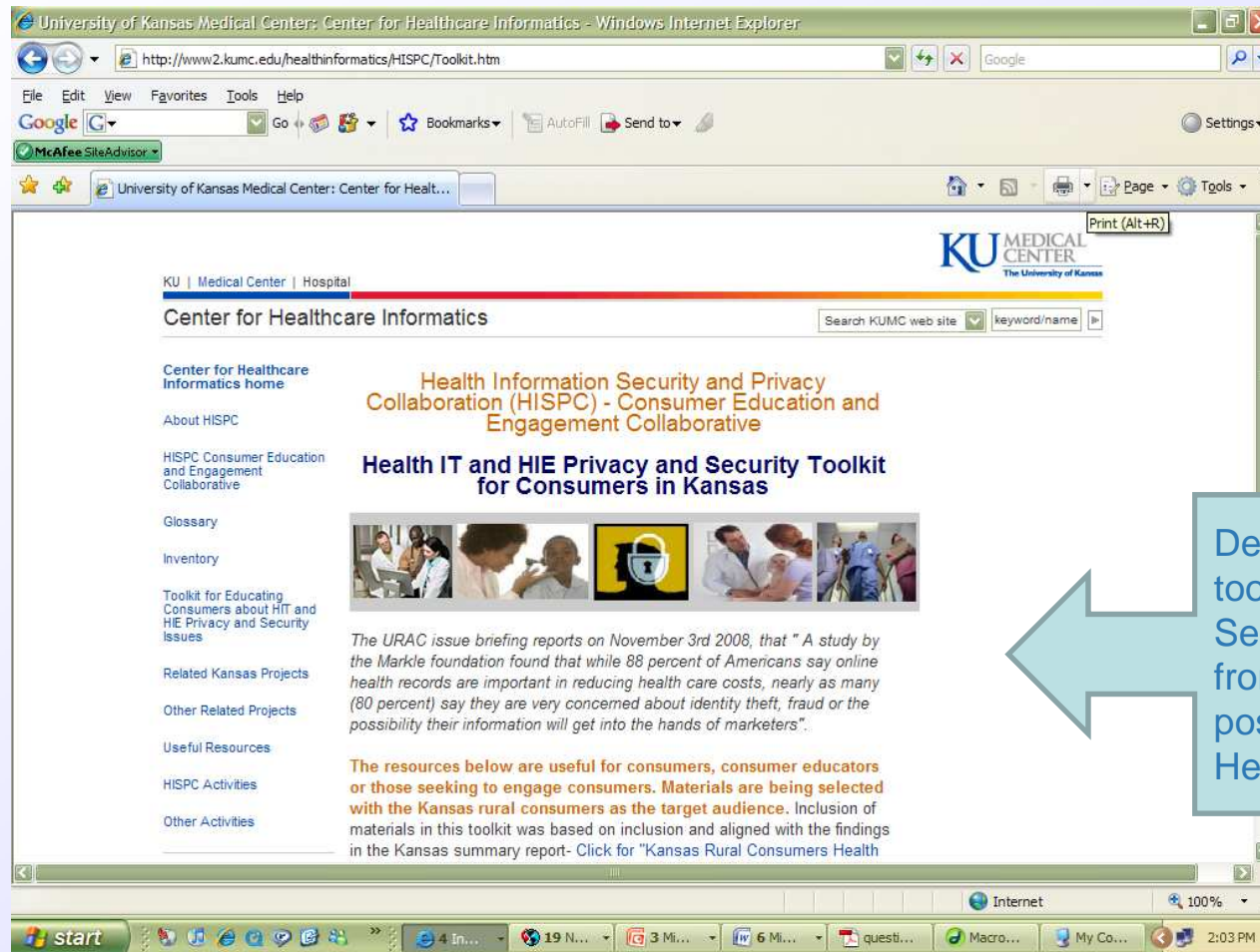
1	DISCLAIMER - PLEASE READ BEFORE PROCEEDING: These materials were organized by the Consumer Engagement and Education Collaborative of the Health Information Security and Privacy Collaborative (HISPC/CEE). HISPC/CEE is not the author, creator or owner of the materials listed in this index. Please contact the author, creator or owner of the individual materials for information on copyrights and for permission to use each of the materials. HISPC/CEE is not responsible for any misuse or copyright infringement with respect to the materials indexed.						
2							
3	Brief Description of Resource	Key Word(s)	Targeted Audience	Resource Creator	Description of Resource Creator	Kansas Inventory Usage Feedback	Website Link
88	Tennessee Health Information Technology State Profile	HIT, HIE, RHIOs, Survey, Legislation, Telemedicine	Providers/Technology Vendors/Legislators/Lawyers	Rural Health Resource Center	A national non-profit organization based in Duluth, Minnesota that serves the knowledge center for rural hospitals, and provides technical	Linked to this as a state resource because of the rural focus, and TASC survey results	http://www.ruralcenter.org/hit_profiles/tn#other
	NYeC is a public private partnership with the NYSDOH and facilitates the statewide collaboration process for Health IT	NYeC, privacy, security, EHR, ehealth, Health IT, Education, Consent, Public Health,	HIE stakeholders, Consumer advocates	The New York eHealth Collaborative	NYeC (pronounced "nice") was founded by health care leaders across the state, with leadership	Linked to this site as a state resource - Consent guidelines and benefits of HIT and HIE described.	http://nyhealth.org/

Inventory/

Draw AutoShapes

Ready

Consolidate Existing Materials for Future Customization and Consideration: Developed Online Toolkit (Resource Center)- <http://www2.kumc.edu/healthinformatics/HISPC/Toolkit.htm>



Developed online toolkit and Selected materials from this site to post on Kansas Health Online

Communication Plan

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Home Insert Page Layout References Mailings Review View Design Layout

Themes Margins Page Setup Page Background Paragraph Arrange

Orientation Breaks Line Numbers Hyphenation Watermark Page Color Page Borders Indent Left: 0.25" Right: 0" Spacing Before: 0 pt After: 0 pt Bring to Front Send to Back Text Wrapping Position Align Group Rotate

Table 1. Communication Objectives, Strategy, Tactics and Current Status

Specific Objectives(See Appendix A for Sample Messages)	Strategy	Tactics (Audience – Rural Consumer)	Current Status
1. Generate awareness and understanding of basic health information flow	Continue working with KHPA as the health IT coordinating entity for the state, the e-Health advisory council, K.D.H.E. and other organizations to set priorities for communications that send unified messages to support statewide goals	<ul style="list-style-type: none"> Include messages in an e-mail or web newsletter on health IT and HIE. <ul style="list-style-type: none"> *Some newsletters to consider: <ul style="list-style-type: none"> Kansas Connections Kansas Rural Health Information Service Kansas Health Consumer Coalition - Consumer Connection html newsletter Rural papers Create a fact sheet with concise messaging. Post materials on a state web portal. Include messaging in a press kit and video. 	-In progress: Developing materials and transferring materials from the KUMC web site to state web portal -Submitting article for upcoming Kansas Connections issue
2. Generate awareness and increase understanding of health IT (personal health records, electronic health	Continue working with KHPA as the health IT coordinating entity for the state, the e-Health advisory council, K.D.H.E. and other	<ul style="list-style-type: none"> Develop radio and TV PSAs Contact WV and NY Phase 3 HISPC representatives who developed PSAs for consumer and provider education (WV developed PSAs for both 	-In progress: Developing materials and transferring materials from the KUMC web site to

Evaluation Plan

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Table 1. Evaluation Strategies for Communication (Audience: Consumers and Consumer Advocates)	
Communication Media and Channels	Evaluation
Brand/logo/tagline	<ul style="list-style-type: none"> -Send draft to advisory committees and others as identified for feedback. -Send draft to HISPC 3 consumer education and engagement collaborative members for feedback.
E-mail newsletter	<ul style="list-style-type: none"> -Request feedback from pilot participants and allow flexibility for changes to be made before communicating to a broader audience. -Through the pilot evaluate newsletter features, for example: <ul style="list-style-type: none"> -Is it consistent from page to page? -Does it use good typography? -Is the quality appropriate to the image we want to project? -Are there adequate points of entry for the reader such as bullets, quotes and lists? -Are headlines easy to read?-Provide an e-mail contact in the newsletter for ongoing feedback. -Send a survey after 6 months of sending the e-newsletter and assess: behavior changes resulting from the newsletter, whether recipients read all or part of the entire newsletter, readability and format of the newsletter, content appropriateness and usefulness. -Assess survey response rate. -Request readers to provide suggestions for future topics to consider.
Fact sheet	<ul style="list-style-type: none"> -Track the number of paper fact sheets given to legislators. -Track the number of paper fact sheets given to healthcare providers. -Track the number of paper fact sheets given to opinion leaders. -Track the number of paper fact sheets given to consumers.
Website	<ul style="list-style-type: none"> -Work with KHO to pilot test website -Track website visits after launch. Of the website visits, how many are of duration of more than two minutes. -Test the pilot participant's health IT knowledge prior to accessing the website and 3 months after use of the website through a pre-post survey. -Through pilot receive feedback on the website.

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Next Steps

- Continue to seek funding to advance material development and revise existing materials.
- Continue translation for literacy, disability and language.
- Continue to pilot test materials with sub-populations and revise materials as needed.
- Continue to update the Kansas online toolkit and work to integrate materials into a state web portal.
- Implement the communication plan.
- Implement the evaluation plan.

HISPC IV

- RTI received a no cost extension from ONC
- May be some additional funding to carry on with projects that are underway.

Questions



<http://www2.kumc.edu/healthinformatics/HISPC/hispc.htm>